UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/736,474	12/15/2003	Michael P. DeGeorge	CRNI.109894	3478

46169 7590 06/23/2010
SHOOK, HARDY & BACON L.L.P.
(Cerner Corporation)
Intellectual Property Department
2555 GRAND BOULEVARD
KANSAS CITY, MO 64108-2613

EXAMINER	
WOODS, TERESA S	

ART UNIT	PAPER NUMBER
3686	

MAIL DATE	DELIVERY MODE
06/23/2010	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/736,474	DEGEORGE ET AL.	
	Examiner	Art Unit	
	TERESA WOODS	3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *11 March 2010*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-6,8-12,15-38 and 41-53* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-6,8-12,15-38, 41-53* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Status of Claims

1. This communication is in response to the amendment filed 03/11/10.
2. Claims 1, 2, 6, 8, 16, 18, 23, 26, 27, 32, 34, 42, 44, 46 and 49-53 have been amended.
3. Claims 7, 13, 14, 39, 40 have been cancelled.
4. Claims 1-6, 8-12, 15-38 and 41-53 are currently pending and have been examined.

Claim Rejections - 35 USC § 101

5. 35 U.S.C. 101 reads as follows:

> Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

6. Claims 1-6, 8-12 and 15-38 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter. These claims are directed towards a method of computing environment for determining and storing time zone for patient healthcare information, but the claims do not recite a device or machine (e.g. a computer) which is used for carrying out the claimed method and/or do not involve a transformation of a particular article to a different state or

thing. Therefore, these claims are not tied to a statutory class of invention. In order to overcome this rejection, the Office recommends amending the claims so that they recite a device/machine (e.g. a computer) which is used for carrying out the claimed method and/or delineate a transformation of a particular article to a different state/thing. The applicants are reminded, however, that any amendment(s) to the claim(s) must have support in the specification as it was originally filed.

Claim Rejections - 35 USC § 103

7. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

8. The factual inquiries set forth in *Graham* **v.** *John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

9. Claims 1-6, 8-12, 15-18, 20, 23, 24, 26-34, 36-38, 41-44 and 50-52 are rejected under 35 U.S.C. 103(a) as being unpatentable over Osorio (US 2004/0133390 A1) in view of Olson (US 5,999,493 A).

10. **Claim 1:**

Osorio, as shown below, discloses the following limitation:

- *receiving healthcare information having an associated time and date for a patient* (see at least Fig. 1-2, ¶0008, ¶0079).
- *obtaining a time zone source rule that applies to the healthcare information, wherein the time zone source rule comprises one or more of a patient' s time zone rule, a user' s time zone rule, a user entered time zone rule, and a system's time zone rule* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083). Osorio's patient implantable and bedside devices are a means for obtaining healthcare information.
- *utilizing the time zone source rule to determine a time zone for the time and date associated with the healthcare information* (see at least ¶0083). Here, the synchronization of the clock teaches a time zone source and rule.
- storing the time zone with the healthcare information (see at least ¶0081, ¶0083). In the first citation, the stored time data for the implanted device serves as healthcare information.

Olson, further discloses:

- *converting at a computing device the time and date associated with the healthcare information into coordinated universal format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5). In the first citation, the medical signals send healthcare information.
- *storing the time and date in coordinated universal format with the healthcare information* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have

included the coordinated universal format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

11. **Claim 2:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the time zone source rule comprises the patient' s time zone rule and applies the time zone of the location of the patient* (see at least Fig. 14-16, ¶0009, ¶0075, ¶0079, ¶0083, ¶0194).

12. **Claim 3:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *determining whether the patient location is available and if so, obtaining the time zone associated with the patient location* (see at least ¶0009, ¶0075, ¶0083, ¶0194).

13. **Claim 4:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein if the patient location is not available,*

determining whether the time zone is specified by an interface (see at least ¶0079, ¶0083, ¶0194).

14. **Claim 5:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein if the time zone is not specified by the interface, applying the time zone of an end user* (see at least Fig. 16, ¶0081-¶0083).

15. **Claim 6:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the time zone source rule comprises the user entered time zone rule and applies is to apply a user-entered time zone* (see at least Fig. 16, ¶0081-¶0083).

16. **Claim 8:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the time zone source rule is the user's time zone rule and applies to apply the time zone of the location associated with a user entering the healthcare information for a patient* (see at least Fig. 14-16,

¶0079-¶0083, ¶0194).

17. **Claim 9:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *obtaining the user location and time zone of the user location* (see at least ¶0083).

18. **Claim 10:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the healthcare information is one or more clinical event results* (see at least ¶0079-¶0083).

19. **Claim 11:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the healthcare information is one or more user interactions with the system* (see at least ¶0074-¶0077).

20. **Claim 12:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the healthcare information is patient and historical information for the patient* (see at least ¶0114).

21. **Claim 15:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Olson further discloses *accessing a database to determine the time zone source rule associated with the healthcare information* (see at least Fig. 1, column 2, lines 26-35). Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the database of Olson to comprehensively store shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

22. **Claim 16:**

Osorio, as shown below, discloses the following limitation:

- *receiving healthcare information for a patient that has an associated date and time element* (see at least Fig. 1-2, ¶0008, ¶0079).
- *determining the time zone of the patient location* (see at least ¶0075, ¶0083, ¶0194).
- *storing the time zone of the patient location for the healthcare information* (see at least ¶0081, ¶0083).

Olson, further discloses:

- *converting at a computing device the associated date and time element into universal time format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).
- *storing the associated date and time element in universal time format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the coordinated universal format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

23. **Claim 17:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the healthcare information is results of one or more clinical events associated with a patient encounter* (see at least ¶0043).

24. **Claim 18:**

Osorio, as shown below, discloses the following limitation:

- *receiving healthcare information from a user for a patient, the healthcare information having an associated date and time element* (see at least Fig. 1-2, ¶0008, ¶0079).

- *determining the time zone of the location of the user* (see at least Fig. 1, Fig. 7, Fig. 16, ¶0054, ¶0059, ¶0081, ¶0083). In the third citation, the programmer (item #109) serves as the user.

- *storing the time zone of the user location* (see at least ¶0081, ¶0083).

Olson, further discloses:

- *converting at a computing device the associated date and time element into coordinated universal format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).

- *storing the date and time element in coordinated universal format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the coordinated universal format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

25. Claims 19, 21, 35 and 45 are rejected under 35 U.S.C. 103(a) as being unpatentable over Osorio (US 2004/0133390 A1) in view of Olson (US 5,999,493 A) further in view of Ellis (US 2004/0102931 A1).

26. **Claim 19:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Ellis further discloses *wherein the time zone of the user location is the determined by accessing a staff scheduling database* (see at least ¶0025-¶0026, ¶0061). Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario and Olson so as to have included the database, scheduling and time zone features of Ellis to comprehensively store and share patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

27. **Claim 20:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the time zone of the user location is based on the location of a user device* (see at least Fig. 1, Fig. 7, Fig. 16, ¶0054, ¶0059, ¶0081, ¶0083).

28. **Claim 21:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Ellis further discloses *wherein the time zone of the user location is the user login preference* (see at least ¶0231, ¶0291). In the first citation, the required entries for authorized users serve as the user login preference. Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario and Olson so as to have included the log-in and time zone features of Ellis to comprehensively store and share patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

29. **Claim 35:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Ellis further discloses *a second obtaining module for obtaining the user location from a staff scheduling database* (see at least ¶0025-¶0026, ¶0061). Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario and Olson so as to have included the staff scheduling and user location features of Ellis to comprehensively store and share patient healthcare data among a medical

professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

30. **Claim 45:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Ellis further discloses *wherein the determining module determines the location of the user by accessing a staff scheduling database* (see at least ¶0025-¶0026, ¶0061). Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario and Olson so as to have included the staff scheduling and user location features of Ellis to comprehensively store and share patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

31. Claim 22 are rejected under 35 U.S.C. 103(a) as being unpatentable over Osorio (US 2004/0133390 A1) in view of Olson (US 5,999,493 A) further in view of Wilcox (US 2005/0002483 A1).

32. **Claim 22:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Wilcox further discloses *wherein the time zone of the user location is determined by the server device setup* (see at least Fig. 2, ¶0016). Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario and Olson so as to have included the server setup device of Wilcox to comprehensively store and share patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

33. Claims 23, 21, 35 and 45 are rejected under 35 U.S.C. 103(a) as being unpatentable over Olson (US 5,999,493 A) in view of Osorio (US 2004/0133390 A1) further in view of Ellis (US 2004/0102931 A1).

34. **Claim 23:**

Olson, as shown below, discloses the following limitation:

- *receiving a request for healthcare information <u>for a patient, the healthcare information including an associated</u> date and time for the healthcare information <u>wherein the associated date and time are stored in a coordinated universal format</u>* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

- *converting the associated date and time from the coordinated universal format to an equivalent time based on the time zone* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).
- *displaying the date and time for the healthcare information in the equivalent time for the time zone* (see at least Fig. 4, column 5, line 3-5 and 22-33).

Osario, further discloses:

- *obtaining the healthcare information and the associated date and time* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).
- *obtaining the time zone stored for the healthcare information* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Olson so as to have included the date and time of healthcare information feature of Osario to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

35. **Claim 24:**

Olson and Osario disclose the limitations as shown in the rejection above. However, Olson further discloses *obtaining the stored date and time in Coordinated Universal Time* (see at least column 1, line 56 to column 2, line 5,

column 5, line 3-5).

36. **Claim 53:**

Olson, as shown below, discloses the following limitation:

- *receiving a request for healthcare information and information having an associated date and time wherein the associated date and time are stored in a universal time format* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).
- *converting the associated date and time from the universal time format to an equivalent time based on the time zone* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

Osario, further discloses:

- *obtaining the healthcare information and the stored associated date and time obtaining a time zone stored for the healthcare information* (see at least Fig. 15, ¶0008, ¶0079).
- *displaying the date and time for the healthcare information in the equivalent time based on the time zone* (see at least Fig. 15, ¶0008, ¶0079, ¶0083).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Olson so as to have included the stored healthcare information according to the time zone feature of Osario to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

37. **Claim 26:**

Osario, as shown below, discloses the following limitation:

- a receiving module for receiving healthcare information for a patient, the healthcare information having an associated time and date (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

- *an obtaining module for obtaining a time zone source rule that applies to the healthcare information, wherein the time zone source rule comprises one or more of a patient's time zone rule, a user's time zone rule, a user entered time zone rule, and a system's time zone rule* (see at least ¶0008, ¶0079, ¶0081, ¶0083).

- a utilizing module for utilizing the time zone source rule to determine a time zone for the time and date associated with the healthcare information (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

Olson, further discloses:

- a converting module for converting the time and date associated with the healthcare information into coordinated universal format (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

- a storing module for storing the time zone and the time and date associated with the healthcare information, wherein the time and date are in coordinated universal format (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the coordinated universal format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so

doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

38. **Claim 27:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the time zone source rule comprises the patient' s time zone rule and applies the time zone of the location of the patient* (see at least ¶0079, ¶0083, ¶0194).

39. **Claim 28:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *a determining module for determining whether the patient location is available and if so, obtaining the time zone associated with the patient location* (see at least Fig. 14-16, ¶0009, ¶0075, ¶0079, ¶0083, ¶0194).

40. **Claim 29:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein if the patient location is not available, determining whether the time zone is specified by an interface* (see at least ¶0194). Here, the GPS determines the patient's location.

41. **Claim 30:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein if the time zone is specified by the interface, storing the time zone for the healthcare information* (see at least Fig. 14-16, ¶0009, ¶0079, ¶0083, ¶0194).

42. **Claim 30:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein if the time zone is not specified by the interface, applying the time zone of an end user* (O, see at least ¶0009, ¶0079, ¶0083, ¶0204, ¶0226; Claim 21).

43. **Claim 32:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the time zone rule comprises the use entered time zone rule and applies is to apply a user-entered time zone* (O, see at least ¶0009, ¶0079, ¶0083, ¶0204, ¶0226; Claim 21).

44. **Claim 33:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the time zone entered by the user is stored as entered by the user* (see at least ¶0009, ¶0079, ¶0083, ¶0204, ¶0226; Claims 21 & 34).

45. **Claim 34:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the time zone source rule comprises the user's time zone rule and applies is to apply the time zone of the location of a user entering the healthcare information for a patient* (see at least ¶0009, ¶0079, ¶0083, ¶0204, ¶0226; Claim 21).

46. **Claim 36:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the healthcare information is one or more clinical event results* (see at least ¶0079-¶0083).

47. **Claim 37:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the healthcare information is one or more user interactions with the system* (see at least ¶0079-¶0083).

48. **Claim 38:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the healthcare information is patient and historical information for the patient* (see at least ¶0114).

49. **Claim 41:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *an accessing module for accessing a database to determine the time zone source rule associated with the healthcare information* (see at least Fig. 1, ¶0044, ¶0083).

50. **Claim 42:**

Osario, as shown below, discloses the following limitation:

- *a receiving module for receiving healthcare information for a patient that has an associated date and time element* (see at least Fig. 1-2, ¶0008, ¶0079).
- *a determining module for determining the time zone of the patient location* (see at least ¶0081, ¶0083).

Olson, further discloses:

- *a converting module for converting the associated date and time element into universal time format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).
- *a storing module for storing the time zone of the patient location and the associated date and time element for the healthcare information, wherein the associated date and time are stored in universal time format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the coordinated universal format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

51. **Claim 43:**

Osario and Olson disclose the limitations as shown in the rejection above. However, Osario further discloses *wherein the healthcare information is the result of one or more clinical events associated with a patient encounter* (O, see at least ¶0079-¶0083).

52. **Claim 44:**

Osario, as shown below, discloses the following limitation:

- *a receiving module for receiving healthcare information from a user for a patient, the healthcare information having an associated date and time element* (see at least Fig. 1-2, ¶0008, ¶0079).

- *a determining module for determining the time zone of the location of a user* (see at least Fig. 1, Fig. 7, Fig. 16, ¶0054, ¶0059, ¶0081, ¶0083).

Olson, further discloses:

- *a converting module for converting the associated date and time element into coordinated universal format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).

- *a storing module for storing the time zone of the user for the healthcare information and the associated date and time element, wherein the associated date and time are stored in coordinated universal format* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the coordinated universal format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

53. **Claim 50:**

Osario, as shown below, discloses the following limitation:

- *receiving a first item of healthcare information having an associated time and date for a patient* (see at least Fig. 15, ¶0008, ¶0079).

- *obtaining a first time source zone rule that applies to the first item of healthcare information* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

- *utilizing the first time zone source rule at a computing device to determine a first time zone for the time and date associated with the first item of healthcare information* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

- *converting at the computing device the time and date associated with the first item of healthcare information into a universal time format* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

- storing the first time zone (see at least Fig. 1-2, ¶0008, ¶0079, ¶0123).

- *receiving a second item of healthcare information having an associated time and date for the same patient* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083, 0194).

- *obtaining a second time zone source rule that applies to the second item of healthcare information* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

- *utilizing the second time zone source rule at a computing device to determine a second time zone for the time and date associated with the second item of healthcare information* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

- *storing the second time zone* (see at least Fig. 1-2, ¶0008, ¶0079, ¶0123).

- *obtaining the stored universal time format for the first and second time zones associated with the first and second items of healthcare information for the patient* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).

Olson, further discloses:

- *storing the time and date converted to universal time format associated with the first item of healthcare information* (see at least column 1, line 56 to column 2, line 5, column 2, lines 26-33, column 5, lines 1-5).

- *converting the time and date associated with the second item of healthcare information into a universal time format* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

- *storing the time and date converted to universal time format associated with the second item of healthcare information* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

- *applying the stored first and second time zone to the stored universal time format for the first and second items of healthcare information* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

- *displaying the first and second items of healthcare information sequential order based on the stored universal time format for each item, wherein the time and date for the first and second items of healthcare information are displayed in the respective first and second time zones* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5 and 22-33).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Olson so as to have included the coordinated universal format and stored healthcare information according to the time zone and feature of Osario to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

54. **Claim 51:**

Osario, as shown below, discloses the following limitation:

- *receiving healthcare information for a patient that has an associated date and time element* (see at least Fig. 15, ¶0008, ¶0079).

- *determining a time zone of the patient location* (see at least Fig. 14-16, ¶0009, ¶0075, ¶0079, ¶0083, ¶0194).

- *storing the time zone of the patient location* (see at least Fig. 14-16, ¶0009, ¶0075, ¶0079, ¶0083, ¶0194).

Olson, further discloses:

- *converting at a computing device the associated date and time element into coordinated universal format* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).
- *storing the date and time element in coordinated universal format for the healthcare information* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the coordinated universal format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

55. **Claim 52:**

Osario, as shown below, discloses the following limitation:

- *receiving healthcare information from a user for a patient, the healthcare information having an associated date and time element* (see at least Fig. 15, ¶0008, ¶0079).
- *determining the time zone of the location of the user* (see at least Fig. 14-16, ¶0009, ¶0075, ¶0079, ¶0083, ¶0194).

- storing the time zone of the user (see at least Fig. 1-2, ¶0008, ¶0079, ¶0123).

Olson, further discloses:

- *converting at a computing device the associated date and time element into coordinated universal format* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).
- *storing the date and time element in coordinated universal format* (see at least column 1, line 56 to column 2, line 5, column 5, lines 1-5).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the coordinated universal format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

56. Claim 25 is rejected under 35 U.S.C. 103(a) as being unpatentable over Olson (US 5,999,493 A) in view of Osorio (US 2004/0133390 A1) further in view of Overton (US 2003/0065653 A).

57. **Claim 25:**

Olson and Osario disclose the limitations as shown in the rejection above. However, Overton further discloses *displaying the healthcare information for the patient in chronological order* (see at least column 6, lines 7-28). Therefore, it

would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Olson and Osario so as to have included the chronological order feature of Overton to comprehensively synchronize patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

58. Claims 46 and 49 are rejected under 35 U.S.C. 103(a) as being unpatentable over Osorio (US 2004/0133390 A1) in view of Olson (US 5,999,493 A) further in view of Wilcox (US 2005/0002483 A1).

59. **Claim 46:**

Osario, as shown below, discloses the following limitation:

- *a receiving module for receiving a request for healthcare information for a patient, the healthcare information including an associated date and time* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083, ¶0112). In the fifth citation, the physician requests neurological healthcare information.
- *an obtaining module for obtaining the healthcare information and the stored date and time* (see at least ¶0008, ¶0079, ¶0081, ¶0083).
- *a second obtaining module for obtaining a time zone stored for the healthcare information* (see at least ¶0008, ¶0079, ¶0081, ¶0083).

Wilcox, further discloses:

- *a displaying module for displaying the date and time for the healthcare information in the stored time zone* (see at least Fig. 1, Fig. 3, ¶0014, ¶0017).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the stored information associated with a time zone feature of Wilcox to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

60. **Claim 49:**

Osario, as shown below, discloses the following limitation:

- *means for receiving healthcare information having an associated date and time for a patient* (see at least Fig. 1-2, ¶0008, ¶0079).
- *means for obtaining a time zone source rule that applies to the healthcare information* (see at least Fig. 14-16, ¶0043, ¶0046, ¶0079, ¶0083).
- *means for utilizing the time zone rule to determine a time zone for the time and date associated with the healthcare information* (see at least ¶0083).

Wilcox, further discloses:

- *means for storing the time zone associated with the healthcare information* (see at least Fig. 1, Fig. 3, ¶0014, ¶0017).

Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario so as to have included the stored information associated with a time zone feature of Wilcox to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

61. Claim 47 are rejected under 35 U.S.C. 103(a) as being unpatentable over Osorio (US 2004/0133390 A1) in view of Wilcox (US 2005/0002483 A1) further in view of Olson (US 5,999,493 A).

62. **Claim 47:**

Osario and Wilcox disclose the limitations as shown in the rejection above. However, Olson further discloses *a third obtaining module for obtaining the stored date and time in Coordinated Universal Time* (see at least column 1, line 56 to column 2, line 5, column 5, line 3-5). Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario and Wilcox so as to have included the coordinated universal

format features of Olson to comprehensively synchronize shared patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

63. Claim 48 are rejected under 35 U.S.C. 103(a) as being unpatentable over Osorio (US 2004/0133390 A1) in view of Wilcox (US 2005/0002483 A1) further in view of Overton (US 2003/0065653 A).

64. **Claim 48:**

Osario and Wilcox disclose the limitations as shown in the rejection above. However, Overton further discloses *a second displaying module for displaying the healthcare information for the patient in chronological order* (see at least column 6, lines 7-28). Therefore, it would have been obvious to one of ordinary skill in the art, at the time of the invention, to have modified the method of Osario and Wilcox so as to have included the chronological order feature of Overton to comprehensively synchronize patient healthcare data among a medical professional network when diagnosing to have improved the efficiency of the method, since so doing could be performed readily and easily by any person of

ordinary skill in the art, with neither undue experimentation, nor risk of unexpected results.

Response to Arguments

65. Applicant's arguments have been fully considered, but are now moot in view of the new grounds of rejection. The Examiner has entered a new rejection under 35 USC § 103(a) and applied new art and art already of record.

Conclusion

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Any inquiry of a general nature or relating to the status of this application or concerning this communication or earlier communications from the Examiner should be directed to **Teresa Woods** whose telephone number is **571.270.5509.** The Examiner can normally be reached on Monday-Friday, 9:30am-5:00pm. If attempts to reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **Jerry O'Connor** can be reached at **571.272.6787**.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published

applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://portal.uspto.gov/external/portal/pair . Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at **866.217.9197** (toll-free).

/T. W./
Examiner, Art Unit 3686
06/08/10

/Gerald J. O'Connor/
Supervisory Patent Examiner
Group Art Unit 3686